

## Application or Docking Number: 02/01/0101

Substitute for Form PTO-875

Application or Docking Number: 02/01/0101

**SMALL ENTITY**

(Column 1)

**(Column 2)**



**OTHER THAN  
SMALL ENTITY**

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**SMALL ENTITY**

(Column 1)

(Column 2)

(Continued)



**OTHER THAN  
SMALL ENTITY**

\*\*\*\*\* FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM \*\*\*\*\* 07/09/1990

• If the entry in column 1 is less than the entry in column 2, write "U" in column 3.

• If the entry in column 1 is less than the entry in column 2, write "U" in column 3.

\* If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20"

The Highest Number Previously Paid For. (Total or Independent) is the highest number found in the appropriate box in column 1

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.